

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527809

FILING DATE

3-11-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	4					
6	3					
7	3					
8	3					
9	3					
10	1					
11	1					
12	1					
13						
14	1					
15	1					
16	3					
17	1					
18	1					
19	1					
20	2					
21	3					
22	3					
23	1					
24	1					
25	1					
26						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	8		↓		↓	↓
TOTAL DEP.	21	←		←		←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						